

Alaska Ironworkers Trust Funds

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Administered by
Labor Trust Services, Inc.

APPLICATION FOR DEATH BENEFIT

1. Name of Deceased Member _____ 2. Local No. _____
3. Address of Deceased Member _____

4. Date of Birth _____ 5. Date of Death _____
6. Social Security Number of Deceased Member _____
7. Marital Status of Deceased Member: Never Married Married Separated Divorced Widowed

With completion of this form, I hereby apply for the Death Benefit to which I may be entitled under the provisions of this Plan.

Enclosed here with are Certified Copies of: Death Certificate Marriage Certificate My Birth Certificate

I hereby certify that I am the lawful spouse or named beneficiary of the deceased.

1. My Date of Birth is: _____ 2. My Social Security Number is: _____
3. My Address is as follows: _____

4. My Home Phone is: _____ 5. My Cell Phone is: _____
6. My e-mail address is: _____

NOTARIZATION:

Subscribed and sworn to before me

this _____ day of _____,

20_____

(Notary's Signature)

Notary Public in and for the State of _____

Printed Name

Signature

DO NOT WRITE BELOW THIS LINE

Accrued F / S Benefit: _____

If Not Vested, Total Contributions: _____

Vested: Yes No

Computed By: _____ **Date:** _____